2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000017461

090700

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 OCT 10 AM 10:02

1. Entity Name
NICHOLS HOMECARE SERVICES, INC.

Principal Place of Business	Mailing Address
~~825 AUDUBON DRIVE~~	~~825 AUDUBON DRIVE~~ 1430 56th St. W
BRADENTON FL 34209	BRADENTON FL 34209

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	PO Box 3319
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State	City & State: Sarasota FL
Zip / Country	Zip: 34230 Country: USA

4. FEI Number: 65-0899327 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NICHOLS, GERALDINE A
~~825 AUDUBON DRIVE~~
~~BRADENTON FL 34209~~

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 1430 56th Street West
City: Bradenton FL Zip Code: 34209

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: Geraldine A. Nichols DATE: 8/17/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NICHOLS, GERALDINE A ~~825 AUDUBON DRIVE~~ 1430 56th St. W. BRADENTON FL 34209 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1430 56th St W Bradenton, FL 34209
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 900003430159--9 -10/19/00--01089--012 ****150.00 ****150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 900003430159--9 -10/19/00--01089--013 ****400.00 ****400.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 10/17
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Geraldine A. Nichols, President Geraldine A. Nichols
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR